PATIENT CHART

Chart for Ertha Williams Simulation #2

Download the following tools and attach to chart:

* Mental Status Assessment of Older Adults: The Mini-Cog™

<https://hign.org/consultgeri/try-this-series/mental-status-assessment-older-adults-mini-cog>

SBAR Report Students Will Receive Before Simulation

**Time:** 1800

**Person providing report:** Day shift nursing supervisor

**Situation:** Ertha has shown some marked deterioration since Henry died 4 weeks ago. She is unkempt, more confused and agitated, cries frequently, and looks everywhere for Henry. We called her daughter-in-law Betty and she will be here shortly.

**Background:** Ertha was diagnosed with major neurocognitive impairment, Alzheimer’s vs. Vascular etiology, about 2 years ago. Other than that, she has been healthy, except for arthritis pain that is relieved by acetaminophen. She has hypertension that is controlled with atenolol, and she is taking rosuvastatin for her hyperlipidemia. She had a bout of depression several years ago when her son died while serving in the war. She and her husband Henry moved into the facility four months ago; Henry passed away 4 weeks ago.

**Assessment:** Ertha is not eating well. A staff member has to go and get her and take her to the dining room. She can’t sit at the table very long and eats very little. Other residents have tried to be supportive, but she cannot socialize. Ertha had clear deficits on the Brief Evaluation of Executive Dysfunction when it was done a few months ago, but we think she is worse. Her living space is very messy, and she only comes out of her room when we go to get her. Dr. Rivers prescribed fluoxetine and trazadone and increased the dose on her rivastigmine transdermal patch a few days ago, but it has not helped. We now have staff administering her medications, but we all feel that Ertha needs a higher level of care now. We called our long-term care facility and there is a room available.

**Recommendation:** Get some vital signs on Ertha and do a Mini-Cog. Meet with Betty and help her see that Ertha needs more care than we can provide in assisted living. If she agrees, we can move her tomorrow. Dr. Rivers will be waiting for your call and is prepared to write a transfer order, so call as soon as you finish your visit.

Provider Orders

**Allergies/Sensitivities:** None known

|  |  |
| --- | --- |
| **Date/Time:** |  |
| 4 months ago/ 1300 | **Condition of patient:** Good   1. **DIET:** Regular diet as tolerated 2. **VITAL SIGNS:** Monthly 3. **ACTIVITY:** As tolerated 4. **SAFETY CHECKS:** has alert system 5. **LABS:** RPR, TSH, CBC with differential, B12 folate, LFT 6. **MEDICATIONS:**    1. Acetaminophen 650 mg every 6 hours prn headache/pain    2. Rosuvastatin calcium 20 mg daily/evening    3. Atenolol 50 mg daily    4. Rivastigmine transdermal system (Exelon patch) 4.6 mg daily 7. **MISCELLANEOUS:** Assess for depression, executive dysfunction   Joan Rivers, MD |

|  |  |
| --- | --- |
| **Date/Time:** |  |
| 2 days ago/ 1300 | 1. **MEDICATIONS:**    1. Trazadone 25 mg at bedtime    2. Fluoxetine 10 mg daily    3. Rivastigmine transdermal system increase dose from 4.6 mg to 9.5 mg daily    4. Continue other medications as previously ordered 2. **MISCELLANEOUS:**    1. Discuss transfer to long term care facility with family    2. Assess for cognitive changes with Mini-Cog   Joan Rivers, MD |

Medication Administration Record

Scheduled & Routine Drugs

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Order:** | **Medication:** | **Dosage:** | **Route:** | **Frequency:** | **Hours of Administration:** | **Date of Administration:** | **Initials** |
|  | Rivastigmine | 4.6 mg | transdermal system | daily | 0900 | * Monday * Tuesday * Wednesday * Thursday - discontinued | * *JMC* * *JMC* * *JMC* |
|  | Atenolol | 50 mg |  | daily | 0900 | * Monday * Tuesday * Wednesday | * *JMC* * *JMC* * *JMC* |
|  | Rosuvastatin calcium | 20 mg |  | daily/evening | 2000 | * Monday * Tuesday * Wednesday | * *LR* * *LR* * *LR* |
|  | Rivastigmine | 9.5 mg | transdermal system | daily | 0900 | * Thursday * Friday | * *JMC* * *JMC* |
|  | Fluoxetine | 10 mg |  | daily | 0900 | * Thursday * Friday | * *JMC* * *JMC* |
|  | Trazadone | 25 mg |  | at bedtime | 2000 | * Thursday * Friday | * *LR* * *LR* |

PRN and STAT Medications

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Order:** | **Medication:** | **Dosage:** | **Route:** | **Frequency:** | **Date/Time Administered:** | | **Initials** |
|  | Acetaminophen | 650 mg |  | Every 6 hours prn pain/headache |  |  |  |

Nurse Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| **Initial** | **Nurse Signature** | **Initial** | **Nurse Signature** |
| *JMC* | Jeanne M. Cleary, RN |  |  |
| *LR* | Laureen Ryley, RN |  |  |

Responses from Brief Evaluation of Executive Dysfunction (from first assisted living visit):

Brief Evaluation of Executive Dysfunction

Clock drawing:

**Ertha's clock drawing showing a clock face with the hands of equal length pointing at 1 and 9.**

only willing to do one clock.

Controlled Oral Word Assoc.

“Fish, Friday, F, F, F,” – “Enough!”

Trail Making test

“A, B, C ,D 1, 2, 3, 4, 5, 1 ,7 ,8, 9, 10 – I’m done”

Date: 4 months after coming to assisted living.